

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

39845  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003  
(b) Township..... Primary Registration District No. 10832  
(c) City St. Louis (d) Street No. City Hospital No. 1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
C. 8458 Daniel Easter

2. PRINT FULL NAME

(a) Residence, No. 1519 South 11th St. 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 1 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Charles Easter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Odum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 11/30/37

19. FUNERAL DIRECTOR (ADDRESS) Daniel Van... C. H. J.

20. FILED J. M. Bredesch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2/37

22. I HEREBY CERTIFY That I attended deceased from 9/11/37 to 11/2/37  
I last saw him alive on 11/2/37 Death is said to have occurred on the date stated above, at 5.45 p.m.  
The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia  
Arteriosclerosis,  
General*

Other contributory causes of importance:

107a

Name of operation... Date of...  
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ... Date of injury ...  
Where did injury occur? ... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...  
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify...  
(Signed) M. K. Hewitt, M. D.  
(Address) City Hospital No. 1

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

NOV 23 1937

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**